



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application

Inventor: J.P. Bourguignon  
Appln. No.: 10/087,011  
Confirm. No.: 3397  
Filed: February 26, 2002  
Title: NEW PEPTIDE ANTAGONISTS AT  
GLUTAMATE AND NMDA RECEPTORS

PATENT APPLICATION

Art Unit: 1631  
Examiner: Borin, Michael

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 15, 2004.

D. Benjamin Borson (Attorney Signature)  
D. Benjamin Borson, P.h.D., Reg. No. 42,349  
Signature Date: December 15, 2004

REPLY TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ✓ A Reply under 37 C.F.R. §1.111 to the Office Action dated June 29, 2004.
- A Reply under 37 C.F.R. §1.116 to the Office Action dated       .
- ✓ A Petition for an Extension of Time under 37 C.F.R. §1.136.
- ✓ Applicant(s) qualify for small entity status under 37 C.F.R. §1.27.

The fee associated with this communication has been calculated as shown below:

✓ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.

✓ A fee for extension of time for response under 37 C.F.R. §1.136 filed within five months after the original time for response of \$1,040.00 is due.

       A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity	Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>28</u> * -	<u>29</u> **	<u>0</u>	X \$25.00 X \$50.00	\$0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>3</u> * -	<u>4</u> ***	<u>1</u>	X \$100.00 X \$200.00	\$0
				TOTAL	\$0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$1,040.00 and is to be paid as follows:

✓ Please charge Deposit Account No. 06-1325 in the amount of \$1,040.00. A duplicate copy of this authorization is enclosed.

✓ The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325.

Respectfully submitted,

Date: Dec. 15, 2004

By: D. Benjamin Borson  
D. Benjamin Borson, P.h.D., Reg. 42,349

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